24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Kentuckians For Strong Leadership	C C00543256
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Main Street Media	Date of Public Distribution/Dissemination
	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 25093	Amount
City State Zip Code	88091.75
Alexandria VA 22313	Transaction ID : SE.1 Date of Disbursement or Obligation
Purpose of Expenditure Radio Placement Category/ Type	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Alison Lundergan Grimes	President State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
DMM Media	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1911 N. Fort Myer Drive	Amount
Ste 400	
City State Zip Code Arlington VA 22209	3262.50 Transaction ID : SE.2 Date of Disbursement or Obligation
Purpose of Expenditure Radio Production Category/ Type	10 28 2014
Name of Federal Candidate Support Office	e Sought: House District:
Alison Lundergan Grimes Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	91354.25
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	91354.25
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
24.0	0 28 2014
Signature	